

**REFERRING DOCTOR COMMITMENT OF AVAILABLE MAGNETIC RESONANCE IMAGING (MRI)
ADJUSTED PROCEDURES**

Data Format for Computer File - With Referring Doctor Commitments MRI Services

**Michigan Department of Health & Human Services
Certificate of Need**

<p>AUTHORITY: PA 368 of 1978, as amended COMPLETION: Is voluntary, but is required to obtain a Certificate of Need. If not completed, a Certificate of Need will not be issued.</p>	<p>The Department of Health & Human Services is an equal opportunity employer, services and programs provider.</p>
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COMPUTER FILE CONTENT:

This computer file must contain information from each referring doctor data commitment (form CON-220) submitted with the Certificate of Need application. A separate entry must be made for EACH DOCTOR at EACH SERVICE indicated on the form CON-220. For example, if a doctor signs the form CON-220, and indicates on page 2 of that form that data is being committed from two or more services, a separate entry for that doctor for each service must be entered in the computer file. **WARNING:** For the Referring Doctor Commitment (form CON-220) to be considered in the validation process, it **MUST** be entered on the data CD. In addition, in accordance with Section 16(2)(b)(ii) of the MRI Standards, if the doctor commitments submitted on the departmental forms do not agree with the data on the computer file, the applicant shall be allowed to correct only the computer file data which includes adding physician commitments that were submitted at the time of application. The data shall be entered in the following format.

ITEM DESCRIPTION	START COLUMN	STOP COLUMN	LENGTH	FORMAT <i>(See Below)</i>	COMMENTS
Certificate of Need Number	1	6	6	(6)9	Provided by MDCH
Application Window Date*	7	16	10	(10)X	MM/DD/YYYY
MRI Service ID Number	17	22	6	(6)9	Provided by MDCH
Filler	23	23	1	X	Leave Blank
Doctor License Number	24	33	10	(10)X	Use leading 0s
Number of Available MRI Adjusted Procedures					Right Justified
Integer portion of number	34	36	3	999	00--999
Decimal portion of number	37	37	1	9	0--9

NOTE: "9" = Numeric; "X" = Alpha/Numeric; numbers in parenthesis are repetition factors

*Window Date is the designated submission date for substantive review (1st working day of the month).

REPORTING MEDIA:

The submission of all Referring Doctor Commitment files to the Michigan Department of Health & Human Services (MDHHS) shall be on computer media. The acceptable form shall be on CD Media Disk, (IBM PC, in ASCII). Exceptions to this computer format may be made by MDHHS on a case-by-case basis. However, all exceptions must have prior written approval from MDHHS.

COMPUTER FILE NAME:

The name of the Referring Doctor Commitment file must begin with "MR" followed by the CON Application Number. "CON" must be the three character extension. For example, "MR970001.CON" would be the CON Referring Doctor Commitment file.

EXTERNAL LABELING:

The disk must be labeled with the following information:

- 1) The Certificate of Need Application Number (provided by MDHHS in response to a "Letter of Intent")
- 2) The CON applicant name
- 3) Proposed MRI Service Name (if different from applicant)
- 4) The number of this submission labeled as "Submission Number: #"
- 5) The Application Window Date in the format "Application Window Date: 'MM/DD/YYYY'"

HELP SUPPORT:

Any questions regarding this format may be directed to CON by Phone: (517)-284-8974;
 FAX: (517)-241-2962; and E-mail: MooreA20@michigan.gov
 CON-219 (04/15)